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ABSTRACT

The Stratford School (Highland Park, Illinois), a public day school program serving primarily a population of 3-to-21-year-old trainable mentally handicapped students, established a program whereby students with autistic characteristics (who were previously placed in self-contained, homogeneous classes) would be integrated with non-autistic moderately retarded classmates. Parents of the autisticlike children wanted a more socially interactive classroom experience for their children. A Peer Helper program was initiated, involving six fifth-grade students (four girls and two boys) from a nearby elementary school to help teach social and play skills to the Stratford students. Training sessions for the peer helpers encompassed: (1) an overview of autistic characteristics; (2) classroom visits; (3) explanation of peer helper activities; (4) videotape presentation; and (5) observation of resource teachers. Changes observed in Stratford's handicapped students after the Peer Helper program included increased attending behavior; increased on-task behavior; and increased social behaviors. Results indicated that the training of teachers and students resulted not only in improvement of the behavior of Stratford students but also increased the peer helpers' understanding of the disabled population as measured by the Peer Attitudes toward the Handicapped Scale (Bagley et al, 1981). Appendices include sample activities, sample peer attitude questions, a fact sheet on autistic children, the peer helpers worksheet, and references. (CB)

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The Use of Peer Helpers to Facilitate Social and Play Skills in Students with Autistic Characteristics

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The Use of Peer Helpers to Facilitate
Social and Play Skills in Students with Autistic Characteristics

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The Use of Peer Helpers to Facilitate Social and Play Skills in Students with Autistic Characteristics

The integration of students with autistic characteristics with less handicapped or non-handicapped peers has become a goal reflective of a growing trend toward "normalization" of the handicapped. Current literature describes a variety of programs which expose autistic children to peers who can provide them with opportunities to learn social and/or play skills (McHale, 1983; Prather and Chovan, 1984; Stainback and Stainback and Taschke and Anderson, 1981; Guralnick, 1976), and most conclude that structured play activity can and does promote interaction between handicapped and non-handicapped students.

Stratford School is a public day school program serving primarily a population of trainable mentally handicapped students (including those with autistic characteristics), ages 3-21, located in Highland Park, Illinois, adjacent to the Chicago metropolitian area. In the summer of 1984, it was decided that students with autistic characteristics (who were previously placed in self-contained,homogeneous classes) would be integrated with the moderately retarded classes at Stratford in an attempt to address parental concerns for a more socially interactive classroom experience for their children. In addition, a Peer Helper program was initiated, utilizing 5th grade students from a nearby elementary school (Red Oak) to help teach social and play skills to the handicapped students at Stratford.

Training of Peer Helpers:

Following a general "Introduction to Disabilities" in-service program presented to the Red Oak 5th grade classes, their teachers were invited to send several students to work as peer helpers for the Stratford students. The target population for the Peer Helper Program was to be students with autistic characteristics, although other moderately retarded students were grouped in the same classroom and would also be present during the interaction periods. Six (6) 5th graders (4 girls and 2 boys) were selected by their teachers, and began training in February of 1985. These helpers spent three 40-minute sessions per week for approximately 12 weeks at Stratford in primary and intermediate level classes. (Parental permission was requested from Peer Helper parents and received).

The two authors devised a training program of five 45-minute work sessions, which included emphasis upon autism, since the target population would include children with autistic characteristics. Prior to the onset of training, the authors, who felt strongly that the activities in the classroom must be structured to ensure optimum interaction, organized, and filled with supplies, "Peer Helper Activity Boxes." They also selected a number of activities (both fine and gross motor) which appeared age-appropriate and which 5th grade students could easily learn to implement (See Appendix A). These activities were typed on 3x5 index cards, secured with a key ring,and placed in the Peer Helper Boxes (one month of activities provided) which were placed in the Helpers' classrooms. Materials and supplies needed to carry out the activities were added weekly for each new activity. Receiving teachers and teacher assistants also met with the authors to review procedures, activities and supervision of the helpers.

PEER HELPER TRAINING SESSIONS:

Session I	Students given the PATHS (See Appendix B) Questionnaire and presented with an overview of autistic characteristics, including National Society of Autistic Children (NSAC, 1983) FactSheet (See Appendix C)
Session II	Peer Helpers Worksheet (cited in Campbell el al, 1983) review (see Appendix D) and visit to classrooms with introduction to students, teacher, teacher assistants.
Session III	Explanation and review of Peer Helper Activity Boxes and activities with specific instruction for activities unfamilar to the helpers. In addition, some of the characteristics of specific autistic children were reviewed so that the peer helpers would be able to anticipate behaviors and reactions to activities.
Session IV	Videotape presentation from Elmhurst, Illinois Language Center ("Active Communication Therapy: Autism," 1984), and review autistic communication with speech/language therapist.

Session V	Observation of Resource Teacher (2nd author) working with autistic child in each of 3 classes with Social Worker (1st author) providing verbal feedback to peer helpers (coaching). This included use of social reinforcement techniques to increase eye contact, simple sign language and verbal cues and physical assistance techniques (e.g. hand-over-hand guidance).

The next phase of the program involved training the peer helpers in each of their assigned classrooms, work with students (they were randomly assigned in pairs by the Stratford Principal). There were two peer helpers in each of two primary classes, and 2 in one intermediate class. The Activity Boxes were placed in the classrooms beforehand so they would be readily available. Peer helpers were told to go to the Activity Boxes immediately upon entering their rooms, assemble materials, and engage their respective students in assigned activities. Throughout the first week in classrooms, the authors rotated between the three classrooms to provide the peer helpers with verbal and/or physical contact training as needed. Several commonly noted areas of assistance were: redirecting off-task behavior, hand-over-hand instruction with fine motor activities and ignoring inappropriate behaviors. In addition, all peer helpers needed reminders to give social reinforcers (praise, smiles) for appropriate behaviors and instruction in use of appropriate language. The first work session in each classroom was videotaped. Mid-semester (6 week) and end of academic year (12 week)

sessions were also videotaped. After the first 1-2 weeks in classrooms, the peer helpers were expected to initiate and follow through with scheduled activities with intermittent feedback from the authors in the classrooms. Either the classroom teacher or the teacher assistant was present in the classsroom and available if needed, but peer helpers functioned virtually independently during many of the activities.

Peer helpers also meet weekly for 15 minutes with the authors to express concerns, receive encouragement and praise, and ask questions as needed. They were also given notes on a bi-monthly basis to be shared with their respective 5th grade teachers, praising their efforts and accomplishments at Stratford School. Both the weekly meeting and the notes were seen as important means of maintaining peer helper interest and motivation, as well as a way of aknowledging appreciation for their efforts. Two additional methods of providing recognition and reinforcement at the end of the semester were a screening of the videotapes for the classes from which the helpers came, and a Volunteer Recognition Assembly at Stratford, to which the peer helpers as well as their parents were invited and recognized.

Program evaluation indicated positive change had occurred in both the peer helpers and the handicapped students with whom they worked.

As previously mentioned, peer helpers were given the PATHS (Peer Attitudes Toward the Handicapped Scale), Bagley, et al (1981), prior to training and at the conclusion of their work (approximately 12 weeks later). The PATHS scoring system converts raw scores into percentiles which are then classified into attitude categories that range from "Very Negative Attitude" to "Very Positive Attitude." Although the small sample size (N=6) precludes reliable statistical analyses, data indicated positive attitude change occurred in all helpers (scores increased

from 2 to 21 points). Each of the peer helpers had an "Above Average Attitude" toward their handicapped peers to begin with; after 12 weeks, five of the six scored in the "Very Positive Attitude" range, and the sixth student went from the "Average Attitude"range to the "above Average Attitude" range. In their own words, the peer helpers reflected their attitude changes with such statements as, "I can treat them (the handicapped) just like anybody else;" "I'm not scared of them anymore;" "I'll know what to say if somebody calls them names in front of me."

Changes in Stratford students observed on the pre- and post-videotaping sessions included:

1) increased attending behavior as evidenced by eye contact and following verbal directions
2) increased on-task behaviors
3) increased social behaviors (smiling, initiating interaction, physical contact)

Discussion:

The preliminary conclusions drawn from observation and initial data collection on the Peer Helper Program described in this paper suggest that inclusion of certain elements foster more successful interaction between handicapped and non-handicapped children.

First, it appears that prior and ongoing in-servicing of both staff and/or students appeared essential to facilitate receptivity toward the disabled population. In addition, training and supervision of both Stratford teachers and peer helpers provided useful skills in dealing with the students with autistic characteristics. And finally, the use of a structured sequence of activities involving peer helpers appeared to maximize the interaction

between the normal and disabled populations. Future efforts toward integration should attempt to empirically determine which, if any, of these components or combinations of components, produce optimal results.

Appendix A

Sample Fine and Gross Motor Activities
Used by Peer Helpers

Day 1

Fine Motor Activities:
1) Cookie cutters and playdough
2) Sticker collage

Gross Motor Activities
1) "Duck, duck, Goose"
2) Musical chairs

Day 5
Fine Motor Activities
1) Styrofoam and pipe cleaners
2) Bubbles

Gross Motor Activities
1) Record Activities (following directions)
2) Scooters

Day 10
Fine Motor Activities
1) Styrofoam and printing
2) Paper bag puppets

Gross Motor Activities:
1) Imitation ("hokey pokey")
2) Drums and music

Day 12
Fine Motor Activities
1) Ivory Flakes Painting
2) Potato Printing

Gross Motor Activities
1) Bean Bag Toss
2) "A Tisket, A Tasket"

Appendix B

SAMPLE PATHS QUESTIONS*

1. Anna had a hard time breathing. She always sounds like she is choking. Despite her difficulty, Anna is a good student. This student should work:

In my group	In another group	In No group	Outside of class	At home
5	4	3	2	1

2. Lee learns very slowly. His teacher has to repeat everything or Lee will just not do anything. He loses his place in reading and doesn't do homework.
This student should work:

3. Jim looks different because his head is very large. It makes his eyes and ears look different. He is clumsy and stumbles a lot. He spoils the team he is on in gym.
This student should work:

* Students are told to read the Descriptions, decide how they feel and select the place where the described student shoud work. There are 30 descriptions.

ɔluntary agency for autism?

National Society for Autistic Children is the only national agency dedicated to education and welfare of people with autism. Its priorities are research and education. More than 100 chapters exist across the United States. The society's national office address is:

National Society for Autistic Children
Suite #1017
1234 Massachusetts Avenue, N.W.
Washington, D.C. 20005
(Telephone: 202-783-0125)

How can I learn more?

The Information and Referral Service of the National Society for Autistic Children can provide reading lists and film lists, and will answer questions. Following are some recommended publications.

General:

Autistic Children: A Guide for Parents and Professionals by Lorna Wing. New York, Brunner/Mazel, Inc., 1972.

Autism: A Practical Guide for Parents and Professionals by Maria J. Paluszny. New York, Syracuse University Press, 1979.

Autism: A Reappraisal of Concepts and Treatment by Michael Rutter and Eric Schopler. New York, Plenum Publishing Corporation, 1976.

Technical:

The Autistic Syndromes by Mary Coleman, et al. Amsterdam, North Holland Publishing Company, 1976. (Distributed in the United States exclusively by NSAC.)

Autism: Diagnosis, Current Research and Management by Edward Ritvo, et al. New York, Spectrum Publications, Inc., 1976.

Note: Most of the information in this leaflet is taken from the **Short Definition of Autism,** adopted by the Professional Advisory Board and the Board of Directors of the National Society for Autistic Children, June 27, 1977.

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U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Public Health Service
National Institutes of Health

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autism FACT SHEET

What is autism?

Autism is a severely incapacitating, lifelong developmental disability that usually appears during the first 3 years of life. It occurs in approximately 5 of every 10,000 births in its classic, or Kanner syndrome, form. The occurrence is three times as common if a broader definition of autism is used. In the broader category would be both people with Kanner syndrome and others with some autistic-like symptoms. Autism is four times more common in males than females, and has been found throughout the world in families of all racial, ethnic, and social backgrounds.

What are the symptoms of autism?

- Slow development or lack of physical, social, and learning skills.
- Immature rhythms of speech, limited understanding of ideas, and use of words without attaching the usual meaning to them.
- Abnormal responses to sensations. Sight, hearing, touch, pain, balance, smell, taste, the way a child holds his body—any one or a combination of these responses may be affected.
- Abnormal ways of relating to people, objects and events.

In IQ testing, approximately 60 percent of autistic patients have scores below 50, 20 percent between 50 and 70, and 20 percent greater than 70. Most patients show wide variations in performance on different tests at different times. Many autistic children have distinct skills in music, mathematics, or in using spatial concepts (for example, working jigsaw puzzles), but are severely retarded in other areas.

What causes autism?

There appear to be several causes, each with distinct neurological effects. Among these causes are untreated phenylketonuria, rubella, celiac disease, and chemical exposure in pregnancy. No known factors in the psychological environment of a child have been shown to cause autism.

How is it diagnosed?

Because there are no medical tests for autism at present, the diagnosis must be based on observations of the child's behavior. Sometimes the process of elimination is the only guide. For older children, whose early symptoms have changed, it may be necessary to interview the parents about the child's early years in order to avoid misdiagnosis.

Is autism ever associated with other disorders?

Autism occurs either by itself or in association with other disorders which affect brain function. Perinatal viral infections, some metabolic disturbances, epilepsy, or mental retardation may result in autistic behavior.

How long do people with autism live?

People with autism live through a normal life span. Since symptoms change, sometimes disappearing with age, patients should be reevaluated periodically to adjust their treatment to changing needs.

How severe can autism be?

Severe autism may cause extreme forms of self-injurious, repetitive, highly unusual, and aggressive behavior. The behavior may persist and be very difficult to change, posing a tremendous challenge to those who must manage, treat, and teach autistic people.

In its milder form, autism most resembles a learning disability such as childhood aphasia. Usually, however, people with autism are substantially handicapped.

What are the most effective treatments?

Various methods of treatment have been tried but no single treatment is effective in all cas There is no "cure" in a medical sense.

Education. Highly structured, skill-orien training, tailored to the individual, has pro most helpful. Social and language skills sho be developed as much as possible. Thou must also be given to avoiding secondary ha caps, such as loss of muscle tone when inac ty is a problem.

Counseling. Supportive counseling may helpful for families with members who have tism, just as it is for other families with memb who have lifelong disabilities. Physicians usually advise parents as to counseling servi available. Counselors who believe that poor rental attitudes and behavior cause aut should be avoided.

Medication. In the types of autism where n abolic abnormalities can be identified, diet medication can sometimes help. Examples those patients whose autism is caused by an cess of uric acid in the blood. Also, medicin decrease specific symptoms can help some tistic people live more satisfactory lives.

What research is being done?

The National Institute of Neurological and C munication Disorders and Stroke (NINCDS sponsoring a study to compare diffe methods for training autistic children in guage and communication skills. In this pro the question of whether auditory and fi spelling systems augment each other in guage learning is being studied.

NINCDS is continuing to study the 14 aut children identified in its Collaborative Perin Project (a 15-year study of 55,000 pregnan and their outcomes). This project centers o forts to identify predictive signs of autism.

More studies are needed to determine how tism occurs and to identify ways to preven alleviate its effects. Basic research in a w spectrum of scientific disciplines is neede shed further light on the problem.

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Appendix D

PEER HELPERS WORKSHEET

1. Reward good behavior over and over with positive comments, smiling, touch, tangible rewards, eye contact.

2. Ignore behaviors you want to stop.

3. Always make the student look at you when you give directions.

4. Make directions short and specific. Use as few words as possible and do not use "baby talk."

5. Don't discuss the student when he is present.

6. Never ask the student to do something you know he cannot do. Structure for success.

7. Remember that you are a model for the student, so always behave as you like him to behave.

8. If you use a threat, be ready to carry it out.

9. Don't ask a question if you mean to give a commend, e.g. "Do you want to do your work?"

10. If you want your student to be calm and work slowly, then you should talk in a calm and slow voice.

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